

**DISPATCH**~~CONFIDENTIAL~~  
~~SECRET~~

DISPATCH SYMBOL AND NO.

TO  
INFO Chiefs of Certain Stations and Bases

FROM Chief, [REDACTED]

DATE

SUBJECT  
Approved Medical Facilities

RE: "43-3" — (CHECK "X" ONE)

☒

MARKED FOR INDEXING

NO INDEXING REQUIRED

ACTION REQUIRED

INDEXING CAN BE JUDGED  
BY QUALIFIED HQ. DESK ONLY

REFERENCE(S)

25X1A

1. As provided in reference, the attached revised listing of approved medical facilities is forwarded for your guidance.
2. Experience since the issuance of reference has indicated that the attention of all concerned should be directed to the following:

a. Benefits

The benefits outlined in paragraphs 2 and 3 of reference, i.e., hospitalization, travel, attendants, are available only for conditions which require in-patient hospitalization, and are not available in out-patient cases.

b. Facilities

In all cases, a U.S. Government facility will be used if available and compatible with cover. When this is not possible, one of the indigenous facilities should be considered. Absence of indication on this list of an approved facility may mean that data is not currently available at Headquarters for such determination. When such is the case, or when for any reason an indicated facility cannot be used, the local Department of State post frequently can provide a list of additional facilities. Lack of indication of approval of a facility on this list therefore does not necessarily preclude payment for treatment at such facility provided there is a valid reason why an approved facility cannot be used.

c. Medical Travel

(1) Prior authorization from Headquarters should be obtained for medical travel except in emergency; request for authorization should include diagnosis or probable diagnosis with other pertinent information. In emergency evacuation cases, Headquarters should be notified of action taken as soon as practicable.

(3) In the event of medical evacuation to [REDACTED] as indicated above, the Chief of Station, [REDACTED], or the Chief of Station, [REDACTED] (as appropriate) should be notified of the impending evacuation in order that a representative from one of those stations may render any assistance indicated.

FORM  
10-57 **53**  
(40)USE PREVIOUS EDITION.  
REPLACES FORMS  
51-28, 51-28A AND 51-29  
WHICH ARE OBSOLETE.

CLASSIFICATION

~~CONFIDENTIAL~~  
~~SECRET~~☐ CONTINUED

PAGE NO.


I


CONFIDENTIAL  
CLASSIFICATION

DISPATCH SYMBOL AND NO.

CONTINUATION OF  
DISPATCH~~SECRET~~

SUBJECT: Approved Medical Facilities

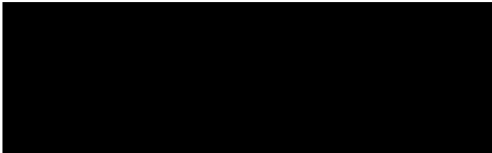
25X1C4a  


(5) Whenever it is necessary to transmit medical information of a sensitive or personal nature, either to Headquarters or to another post, the indicator  should be used. 25X1A2g

d. Elective Surgery

Benefits outlined in reference are not normally available for elective surgery such as tonsillectomies. Prior approval from Headquarters is required for all cases of elective surgery before benefits will apply.

3. The attached list will be revised as changes and additional information dictate.

 25X1A9a

## Attachment:

Listing of Approved  
Medical Facilities

# MISSING PAGE

ORIGINAL DOCUMENT MISSING PAGE(S):

ATTACHMENT